attitude. In other words, one may be permitted a certain conservatism sitting on the fence, as it were, the fence in this case being the pituitary stalk, with one foot in the hypophysis and the other in the hypothalamus. Such a compromised position has been adopted by Biedl, who offers a theory which Solis-Cohen described as "more than highly plausible," even "seductive." For such disorders as Frölich's syndrome and diabetes insipidus he would postulate three pathogenetic possibilities: (*a*) disease or defect of the hypophysis (pars intermedia or posterior lobe) with deficient hormone; (*b*) obstruction of an assumed pathway (for instance by tumor or internal hydrocephalus) preventing a normal amount of hormone from reaching or energizing certain metabolic and genitotrophic centers in the hypothalamus; and (*c*) cerebral lesions of these alleged trophic centers themselves, such as tumor, traumatism, tuberculosis, syphilis or encephalitis, or congenital defect.

This platform is certainly broad enough for all parties to the controversy, probably too broad. Meanwhile many of us as interested spectators can take seats on the pituitary stalk and watch the struggle between hypophysis and hypothalamus.

CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

STAPHYLOCOCCUS SEPTICEMIA

CASE REPORTS

By ALFRED C. REED AND FRANK E. STILES *

CASE 1—E. E. This patient, a girl aged 14, was admitted complaining of deep pain in the right thigh. She stated that as she was getting up from the supper table four days before admission she experienced a severe sharp pain in her right thigh about halfway between the knee and the hip. Previous to this she had been feeling well, doing her daily duties and playing with other children with no discomfort whatever. The pain increased, she remained in bed four days, and as there was no improvement sought medical relief.

Past History—Had measles at 3; tonsillitis followed by tonsillectomy at 10; mumps at 13; and influenza ten months ago. Last year she had several generalized crops of boils, the last of which disappeared six months ago.

Physical examination showed a well-developed and well-nourished girl with flushed, dry skin, lying in a fixed position, although not evidently in great pain. The anterior cervical glands were somewhat enlarged. Her extremities presented the only important abnormalities. There were many small maculo-papular lesions on both legs. Some small old scars were seen on the legs, residua of the boils of six months previous. Definite point tenderness was elicited over the upper third of the right femur, and she cried out in pain upon flexion of the leg on the thigh.

Laboratory work on admission showed a red blood count of 4,000,000 with 70 per cent hemoglobin, and a white count of 8600 with a normal differential count. The urine was normal. The Wassermann was negative.

Her temperature was of a septic type, high in the daytime and low at night, ranging from 105 to 100 F. Raised, swollen, painful areas similar to that on the thigh appeared day after day in the following order: the left thigh, left leg, right hand, sternum, left arm, left hand, right arm. Three blood cultures taken on successive days were all positive for staphylococcus aureus. The red cell count ranged from 4,000,000 on admission to 2,600,000 the day before death. The white count ranged from 9000 to 5000, the latter being the last taken. The polymorphonuclear content never rose above 76 per cent. X-rays of the right femur and hip were negative. Except for slight delirium on the second day when her temperature was 105, she was mentally clear till the morning of her death, and except for the painful swellings already referred to and a sallow, jaundiced appearance to the skin, the physical findings remained the same until two days before death, when bronchopneumonia appeared in both lungs. Death came on the eleventh day after admission.

Treatment—Hot epsom salt compresses were used on the painful areas, with salicylates and codein sufficient to control pain. Daily doses of 1 per cent gentian violet were given intravenously for five days in these respective amounts: 1-15 cc., 2-15 cc., 3-20 cc., 4-20 cc., 5-25 cc.

Autopsy—Every part of the body examined was found saturated with pus. Multiple abscesses exuding pus were found in the soft tissues under the skin at the site of the swollen areas referred to above. Abscesses were also found in the mediastinum, lungs, pericardium, heart, spleen, liver, and kidneys. Smears from these tissues showed numerous small clusters of staphylococci, and microscopical study of the organs disclosed innumerable abscesses.

The pathological diagnoses were: purulent dermatitis, purulent pericarditis with effusion, acute myocarditis, empyema, and miliary abscesses of the spleen, kidneys, and liver. The cause of death was staphylococcus septicemia, probably resulting from her previous boils.

Comment—This case is typical throughout. The portal of entry was apparently an earlier furunculosis, a source which almost invariably leads to a fatal termination. The metastatic abscesses were unusually numerous and widely distributed. The low white count measured the fulminating type of infection. The absence of osteomyelitis is worthy of note.

CASE 2—R. C. This patient was seen by one of us (A. C. R.) on January 20, 1926, when his complaint was of a boil on the upper lip, with several enlarged glands below the jaw. He had chronically infected tonsil stumps, otherwise was normal. Mercurochrome was applied to the boil after free drainage. Nine days later he had a crop of small pustulations on the face, the anterior cervical glands were much enlarged and there was a painful, raised, tender, reddish spot on each knee. Temperature was 99.6 F. on February 1, similar spots were distributed well over the lower extremities, and the face and neck. On February 6, the lesions were maximal, temperature ranged between 99.4 and 101.6. Smears from the suppurating skin lesions showed pure staphylococcus and the white blood count was 10,900 with 73 per cent polynuclears. The patient felt quite well. Blood cultures were not made. Treatment with mercurochrome applications and epsom salt compresses did not limit or control the skin lesions. Finally gentian violet, 1 per cent solution, was given intravenously in a 30 cc. dosage. The temperature came to normal, no new lesions appeared and no recurrence up to March 10, 1927.

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